

# Gout and kidney disease: “The Illusion of Simplicity”

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Dr. Christopher Parker

# Thanks to our speaker!

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## Christopher T. Parker, D.O., FACP

- Chief, Austin Diagnostic Clinic
- Medical Advisor of the Alliance for Gout Awareness
- Rheumatologist and an esteemed professional speaker and educator to physicians.
- Served on the teaching faculty during his years at Walter Reed and Brooke Army Medical Center where he was recognized as teacher of the year twice.

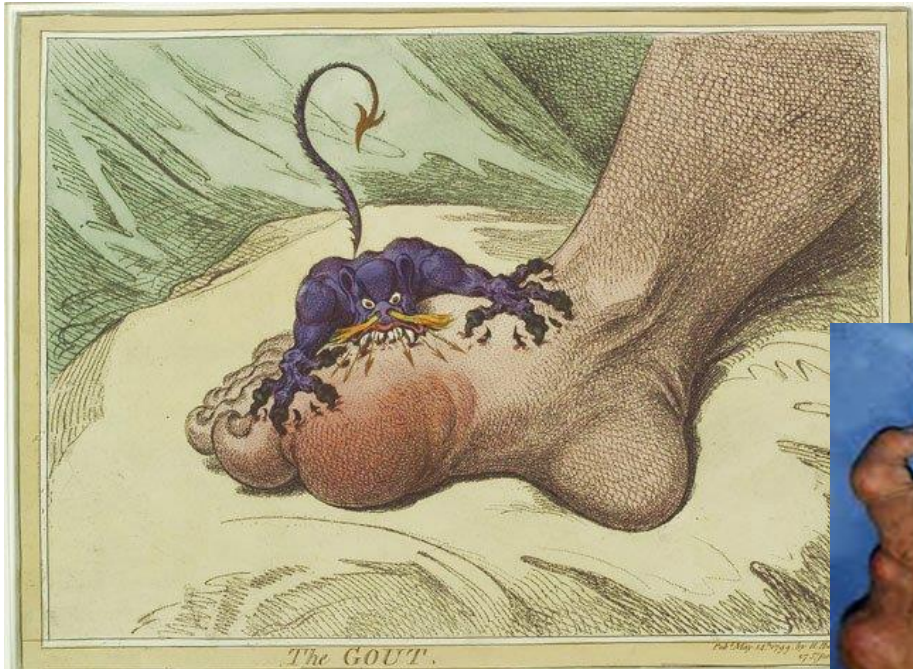
# Game Plan

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- The causes, symptoms, and risk factors for gout
- The connection between gout and kidney disease
- The treatments for gout



# Gout: A type of arthritis



# Why Do We Get Gout?





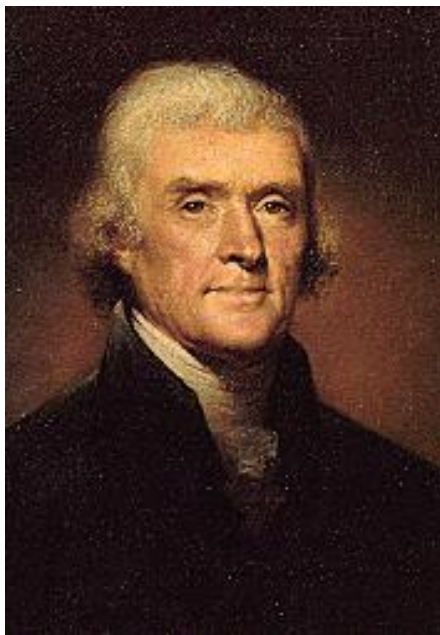
**1 IN 10 PEOPLE**  
with chronic kidney disease  
**ALSO HAVE GOUT**

 ALLIANCE FOR  
Gout Awareness

#NATIONALKIDNEYMONTH

# “The Disease of Kings and the King of Diseases”

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–President Thomas Jefferson



–King Henry VIII

# How do we diagnose gout?

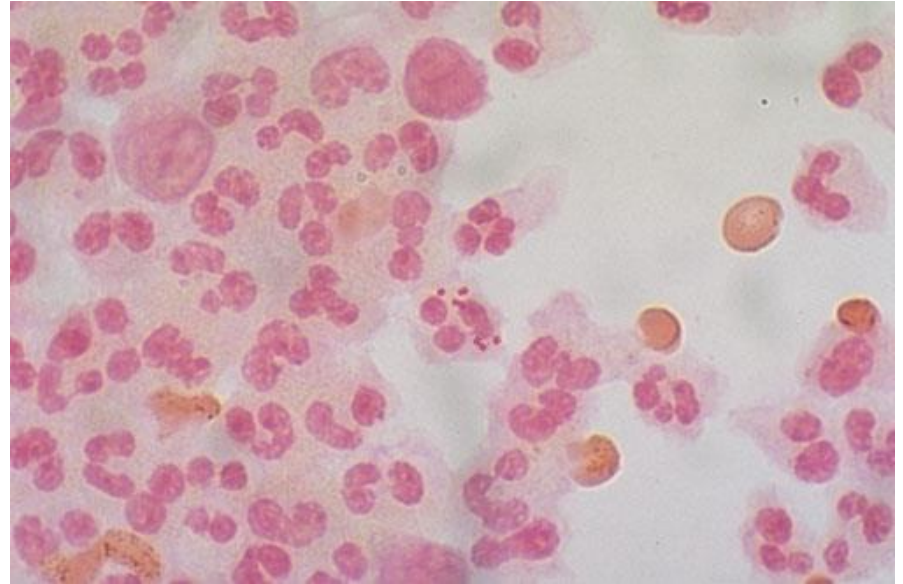
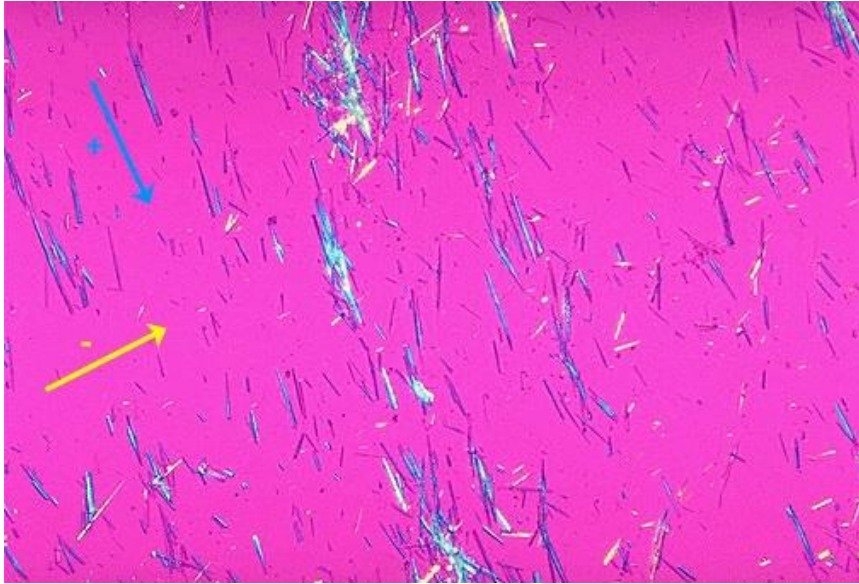
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- History and Physical
- Family History
- Lab and Imaging
- Rheumatologist if needed



# What do uric acid crystals look like?

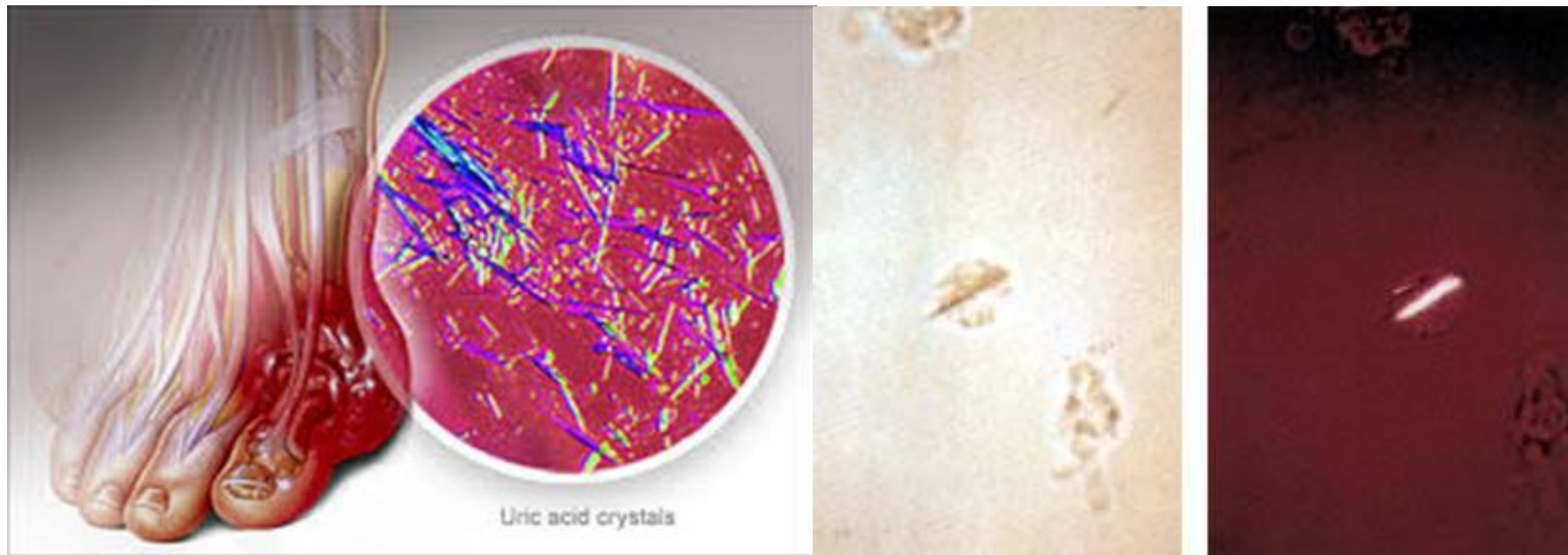
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# Firm Diagnosis

Remove fluid from joint



# Treatment



Gout flare-ups can be debilitating, disfiguring and distressingly painful. And they recur. But now the management of gout is clearer.<sup>1,2</sup> Studies with urate-lowering therapy show that keeping serum uric acid below 6.0 mg/dL (360 μmol/L)

enables key therapeutic goals to be met.<sup>1,2,4</sup> Existing crystals are dissolved,<sup>3</sup> small high-mobility disease<sup>5</sup> the formation of new crystals is prevented and, in many cases, flare-ups can be avoided altogether.<sup>1,2,4</sup>

So the EULAR (European League Against Rheumatism) gout task force recommends the use of urate-lowering therapy in patients experiencing recurrent attacks and recommends that their uric acid levels be kept below 6.0 mg/dL (360 μmol/L).<sup>1</sup>

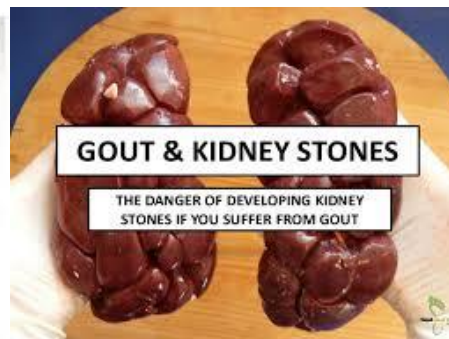
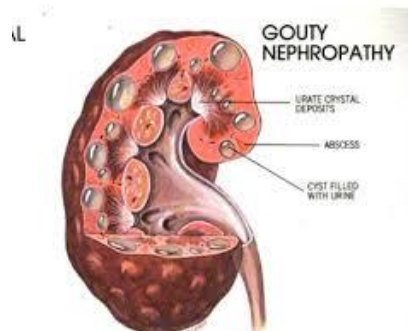
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Reference: 1. Scott DA et al. Ann Intern Med 2010;152(11):739-47. 2. Ntouyas T, Dellaripa P, Ann Intern Med 2010;152(11):739-47. 3. Gout: A Review. JAMA 2010;303(15):1633-41. 4. Scott DA et al. Ann Intern Med 2010;152(11):739-47. 5. Scott DA et al. Ann Intern Med 2010;152(11):739-47.

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# Goals of Treatment

- STOP the current flare
- Prevent future flares
- Prevent permanent joint damage
- Prevent organs from being damaged
- Improve quality (length) of life



*Can gout actually cause you a heart attack or stroke?*



A new study published in this month's rheumatology journal has concluded that a gout sufferer has a 50% increased probability of getting a heart attack or stroke in his or her lifetime.

# Management Basics If Flaring Now

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- Analgesic (pain medications)
  - NSAIDs
  - Opioids
- Anti-inflammatory
  - NSAIDs
  - Steroids
    - Oral
    - Injectable (IV, IM)
  - Colchicine

# Prevention: How Do You Lower Uric Acid?

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- Education
  - Patients don't know the sUA goal (3)
- Diet
  - Alcohol (1)
  - Weight Loss (2)
- Remove medicines that raise uric acid
  - HCTZ, ASA
- Add medicines designed for something else that also lowers uric acid
  - Losartan (Cozaar) 50 qD, Leflunomide (Arava), Sevelamer (Renagel)
- Add medicines designed to lower uric acid

1. Lancet. 2004;363(9417):1277.

2. Arthritis Care and Research 2016;68:1036-42

3. Arthritis Care and Research 2016;68:1028-35

# GOAL: Uric Acid Below 6 (1)

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- Probenecid
  - BID
- (Sulfinpyrazone)
- Vitamin C or “Cherry Juice”
- Lesinurad (given with Allopurinol or Febuxostat)
  - qD
- Allopurinol
  - $\leq 300$ mg qD (2)
  - HLA-B\*5801 (4)
  - MC Rx in Europe to cause SJS or TEN (3)
- Febuxostat (Uloric)
  - qD
- Uricase (Krystexxa)
  - IV infusion

1. Arthritis Rheum. 2004;51(3):321
2. Mayo Clin Proc. 2006 Jul;81(7):925-34.
3. J Am Acad Dermatol. 2008;58(1):25.
4. BMJ. 2015;351:h4848

# Allopurinol vs. Fubuxostat

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- Allopurinol
  - Not expensive
  - Renal adjustment for safety
  - As many as 50% do not achieve uric acid target at standard dosage
- Fubuxostat
  - Brand name
  - No adjustment for even severe renal impairment (1)
  - Stabilize kidney function (1)
  - Heart

# What if standard treatments don't work?

- “Refractory gout” means usual medications not working adequately or not tolerated
- Pegloticase (Krystexxa)





# How do you know uric acid is under control?

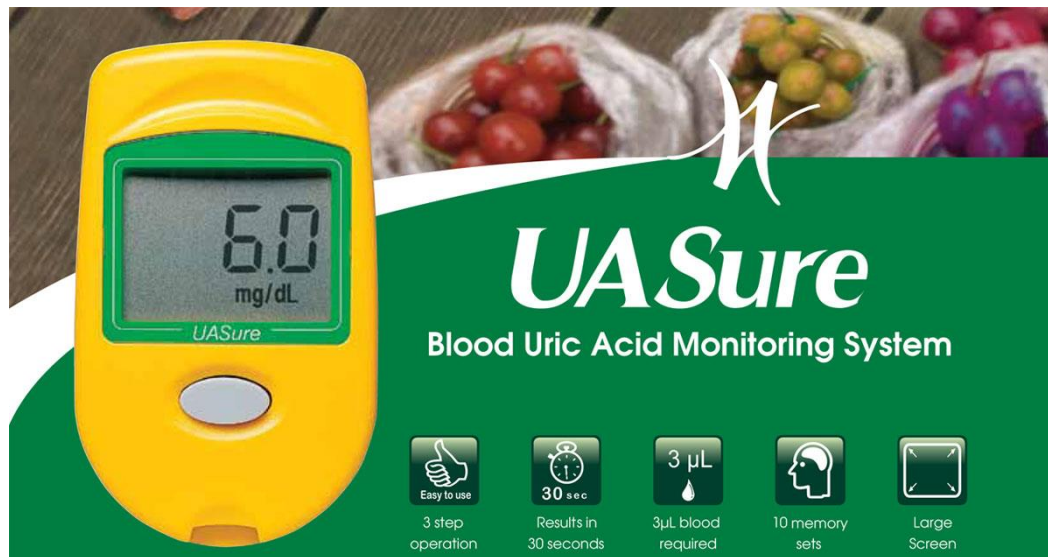
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- You MUST check!
- At the lab
- At home
  - Home testing kits



# Home Monitoring of uric acid

- [www.urictest.com/#NoGuessing](http://www.urictest.com/#NoGuessing)



# Conclusions

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- Gout is common, painful, destructive...
- Message of hope: “Either you manage gout, or it manages you.” –Gary Ho
- This disease IS manageable!



# Live Q&A

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Type in your questions now!

# Join us for our next webinar!

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## Maintaining a healthy weight: Pre and post-transplant

Wednesday, June 26, 2019 from 1:00 – 2:00 p.m. EST



**Brent Miller, MD**

### Join us to hear more about:

- Preparing for kidney transplant as it relates to healthy weight.
- Considerations after transplant including changes in metabolism, side effects of medications, and weight gain.
- Strategies to maintain a healthy weight before and after transplant.

Go to [www.KidneyFund.org/webinars](http://www.KidneyFund.org/webinars) to learn  
more and register!